Chi-Yang Lin

COMPLETE IF KNOWN

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

Attorney Docket Number

First Named Inventor

(37 CFI	R 1.63)	Application Number	. 1					
Submitted OR With Initial	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		¥-				
		Group Art Unit	· · · · · · · · · · · · · · · · · · ·					
Filing		Examiner Name	= 1	- 				
As a below named inve	entor, I hereby declare tha	at:	:					
My residence, post office	e address, and citizenship a	are as stated below next t	o my name.	•				
I believe I am the original and	first inventor of the subject matte	r which is claimed and for which	a patent is sought	on the invention enti	tled:			
OVERLAY PROCESSING DEVICE AND METHOD								
		•						
	·		· · · · · · · · · · · · · · · · · · ·	·				
the specification of which	(Title of th	e Invention)	. "					
is attached hereto					-			
OR	*							
was filed on (MM/DD.	MYY)	as United States Ap	plication Number o	r PCT Internationa	ł			
Application Number	and	was amended on (MM/DD/Y	YYY)	(if	applicable).			
I hereby state that I have revie specifically referred to above.	ewed and understand the conte	nts of the above identified spe	ecification, includin	g the claims as am	ended			
applications, material informati	close information which is mater ion which became available be continuation in-part application.	tween the filing date of the pri						
breeder's rights certificate(s), States of America, listed below	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internati w and have also identified below or of any PCT international ap	ional application which design which design which design the box any formal control of the contr	nated at least one preign application(s	country other than s) for patent, invent	n the United tors or plant			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy				
091116627	Taiwan	07/25/2002		YES	NO			

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

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DECLARATION — Utility or D sign Patent Application

Direct all correspondence to:		1552	OR	Correspondence address below			
Evan R. Witt Name							
Address							
City	State	· · · · · · · · · · · · · · · · · · ·	ZIP				
Country	1	Telephone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Chi-Yang Family Name Lin (first and middle [if any]) or Surname							
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Mailing Address		· · · · · · · · · · · · · · · · · · ·					
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City	State	Zip	·	Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Titan Family Name Sun (first and middle [if any]) or Surname							
Inventor's True Sur	~		Date J	une 12, 2003			
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor					
Given Name (first and midd	lle [if any])	Family Name or Surname					
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Inventor's Signature		*	Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
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